

IHDA Homebuyer/Rehabilitation Program

To qualify for assistance, applicants must qualify for 1st mortgage financing. Although it is not required, getting a pre-approval for a 1st mortgage **prior** to applying is preferred. If you are unable to get pre-approved, call HomeStart at 815-962-2011 and ask for a homebuyer counselor.

Is the combined income of everyone 18 years or older planning to live in your new home less than \$19,000?

- If yes and you have a pre-approval from a lender, please continue with the application.
- If yes and you do not have a pre-approval from a lender or have not worked with a homebuyer counselor, please contact HomeStart at 815-962-2011.
- If no, please confirm that your family's income meets the requirements below. If it does, please continue with the application.

# of people that will live in your new home	Maximum Income	# of people that will live in your new home	Maximum Income
1	\$32,700	5	\$50,400
2	\$37,350	6	\$54,150
3	\$42,000	7	\$57,850
4	\$46,650	8	\$61,600

! IMPORTANT !

- Use the Application Checklist to make sure you are submitting a complete application packet. Incomplete application packets will be returned.
- Submit your application (with all checklist items) in person to
City of Rockford – City Hall
Community & Economic Development Department
425 East State Street - 2nd Floor
Rockford, IL 61104

If you have questions about the Application Checklist or need to make special arrangements to submit your application packet, please contact Andrea at 779-348-7437.

Application Checklist

To determine the maximum amount of assistance you qualify for please submit with your application packet with all applicable income and asset documentation for everyone eighteen (18) and over planning to live in the new home.

Please keep in mind the following:

- Original documents (check stubs, award letters, etc.) must be submitted with your application in person. A City representative will be happy to make copies and return the originals at the time an application is submitted.
- Each applicant's financial situation is different and may require a City representative to request additional information.

- ☐ **IHDA Homebuyer/Rehabilitation Program Application**
- ☐ **Request for Transcript of Tax Return (if applicable, see the Tax Information section)**
- ☐ **Consumer Authorization and Release**
- ☐ **Federal Program Eligibility Release Form**
- ☐ **Authorization to Share Information**
- ☐ **Authorization for Investigation**
- ☐ **Income Information (for everyone over the age of 18 planning to live in the new home)**
 - Two months of pay check stubs
 - Social Security Award Letter
 - Court Ordered Child Support statement
 - Any other documents demonstrating income
- ☐ **Tax Information (for everyone over the age of 18 planning to live in the new home)**
 - Most recent Federal tax return
 - Most recent State tax return
 - W-2 Statements
 - If you do not have tax returns or W-2's, please complete the 4506-T included in the application packet.
- ☐ **Asset Information (for everyone over the age of 18 planning to live in the new home)**
 - Six most recent statements for all checking accounts
 - One most recent statement on all savings accounts, including Certificate of Deposits, IRA's, 401(k) and stocks, etc.
 - Documentation of assets owned, such as statement indicating the cash value of a life insurance policy, an assessment of any property owned, etc.
- ☐ **Other Information:**
 - Letter from doctor, if house modifications are needed for an elderly or physically disabled person planning to live in the home.
 - Divorce decree
 - Pre-approval letter from Lender, if applicant has been pre-approved
 - Contract for Purchase, if one has been signed by the Buyer & Seller.

Note – The City Representative taking your application will need to see and copy your original Illinois driver's license or Illinois identification card and social security card. Please bring them with you when you submit your application packet.

IHDA Homebuyer/Rehabilitation Program Application

Return completed application packet to:
City of Rockford Community & Economic
Development Dept. – 2nd Floor
425 East State Street; Rockford, IL 61104

For Office Use Only:

Date: _____

Time: _____

Applicant:		Social Security #:	
E-mail:		Head of Household?	[] Yes [] No
Phone Number:			
Mailing Address (including City, State & Zip code):			
Pending Address (including City, State & Zip code):			
Do you currently: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	First time buyer: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single			
Education: <input type="checkbox"/> None <input type="checkbox"/> Primary <input type="checkbox"/> High school or equivalent <input type="checkbox"/> Vocational <input type="checkbox"/> College <input type="checkbox"/> Post-college			
Are you on active military status: <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Co-Applicant:		Social Security #:	
E-mail:		Head of Household?	[] Yes [] No
Phone Number:			
Mailing Address (including City, State & Zip code):			
Pending Address (including City, State & Zip code):			
Do you currently: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	First time buyer: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single			
Education: <input type="checkbox"/> None <input type="checkbox"/> Primary <input type="checkbox"/> High school or equivalent <input type="checkbox"/> Vocational <input type="checkbox"/> College <input type="checkbox"/> Post-college			
Are you on active military status: <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No			

List the names and ages of the people planning to live in the new home below.
Please attach a separate piece of paper for additional household members.

Applicant:		Age:	Annual Income: \$
Co-Applicant:		Age:	Annual Income: \$
Household Member:		Age:	Annual Income: \$
Household Member:		Age:	Annual Income: \$
Household Member:		Age:	Annual Income: \$

Household type: <input type="checkbox"/> Female single parent <input type="checkbox"/> Male single parent <input type="checkbox"/> Married with dependents		
<input type="checkbox"/> Married without dependents <input type="checkbox"/> Other <input type="checkbox"/> Single adult <input type="checkbox"/> Two or more unrelated adults		
Prior to this application, did your household live in public housing or receive rental assistance such as Section 8? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____		
Within the past two (2) years, have you sold any assets (stocks, bonds, real estate, etc) for less than fair market value? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please indicate the asset sold, its value, and the amount of money you received from the sale.		
Will anyone be living in the home that is:		
Physically disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		
62 years of age or older <input type="checkbox"/> Yes <input type="checkbox"/> No		
Under the age of 6 <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will modifications be necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HOW DID YOU HEAR ABOUT THE REHAB PROGRAM?		
<input type="checkbox"/> Contacted Office	<input type="checkbox"/> Internet	<input type="checkbox"/> Through the Mail
<input type="checkbox"/> Neighbor/Friend	<input type="checkbox"/> Event/Seminar	<input type="checkbox"/> Referral from another agency
<input type="checkbox"/> Realtor	<input type="checkbox"/> Lender	

Other Information

Loan officer(s): _____ Lending institution: _____

Realtor: _____



Information for Government Monitoring Purposes

The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the Lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this Lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below. (Lender must review the material to assure that the disclosures satisfy all requirements to which the Lender is subject under applicable state law for the particular type of loan applied for).

Applicant	Co-Applicant
<input type="checkbox"/> I do not wish to furnish this information.	<input type="checkbox"/> I do not wish to furnish this information.
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> Amer. Indian/Alaska Native <input type="checkbox"/> Amer. Indian/Alaskan Native & Black/African American <input type="checkbox"/> Amer. Indian/Alaskan Native & White <input type="checkbox"/> Asian <input type="checkbox"/> Asian/White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other Multi-Racial <input type="checkbox"/> White	Race: <input type="checkbox"/> Amer. Indian/Alaska Native <input type="checkbox"/> Amer. Indian/Alaskan Native & Black/African American <input type="checkbox"/> Amer. Indian/Alaskan Native & White <input type="checkbox"/> Asian <input type="checkbox"/> Asian/White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other Multi-Racial <input type="checkbox"/> White
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

I/we, the undersigned, certify, acknowledge, and agree the following:

- The information provided in this application is true and correct as of the date set forth opposite my/our signature(s).
- Any intentional or negligent misrepresentation of information contained in this application will result in disqualification from the program.
- The loans being requested by this application may be secured by a mortgage on the property purchased.
- I/we give the above information for the purpose of obtaining credit and authorize verification of any information contained in this application.
- I/we have received a copy of the lead based paint brochure, "Protect Your Family from Lead in Your Home."

Applicant Signature

Date

Birthdate

Applicant Signature

Date

Birthdate